


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90020 020 \*\*\*\*50.00

DOCUMENT # L04000068573					
1. Entity Name <b>GLENDAS MEADOW, LLC</b>					
Principal Place of Business <b>1031 LASALLE STREET JACKSONVILLE, FL 32207</b>			Mailing Address <b>1031 LASALLE STREET JACKSONVILLE, FL 32207</b>		
2. Principal Place of Business <b>6101 Gazebo Park Place N</b>		3. Mailing Address <b>6101 Gazebo Park Place N</b>			
Suite, Apt. #, etc. <b>Suite 107</b>		Suite, Apt. #, etc. <b>Suite 107</b>			
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>			
Zip <b>32257</b>	Country <b>USA</b>	Zip <b>32257</b>	Country <b>USA</b>	4. FEI Number <b>20-1641971</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SHACTER, DAVID A 1031 LASALLE STREET JACKSONVILLE, FL 32207</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6101 GAZEBO PARK PLACE N STE 107</b> City <b>FL</b> Zip Code <b>32257</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>DAVID A SHACTER</i></u> <b>DAVID A SHACTER</b> <span style="float: right;">04-28-2005</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SILLS, MILTON T 8101 103RD STREET JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHACTER, DAVID A 1031 LASALLE STREET JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>GAZEBO 6101 PARK PLACE N STE 107 32257</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARTER, RANDALL R 8101 103RD STREET JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLION, JOHN P 382 NW 271ST WAY LAWTEY, FL 32058	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLION, DONNA K 382 NW 271ST WAY LAWTEY, FL 32058	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHACTER, MELODY D 1031 LASALLE STREET JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6101 GAZEBO PARK PLACE N STE 107 32257</b>
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>DAVID A SHACTER</i></u> <b>DAVID A SHACTER, MGRM</b> <span style="float: right;">04-28-2005 904-399-2501</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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